

PATENT
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PATENT
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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 01/28/2005

Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Angela M. Quinn

(Depositor's name)

Angela M. Quinn

(Signature)

4-22-05

(D)

04/26/2005 MBELETE2 00000113 10078056

01 FC:1501 1400.00 DP
02 FC:8001 30.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/078,056	02/15/2002	Ivan P. Mollov	05513.P002	6327

TITLE OF INVENTION: X-RAY IMAGING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	04/28/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
JOHNSTON, PHILLIP A	2881		250-370110		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

BLAKELY, SOKOLOFF, LLP
 1 **TAYLOR & ZAFMAN LLP**
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Varian Medical Systems Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Palo Alto, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies ten (10)

A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Michael J. Mallie

Date 4/25/05

Typed or printed name Michael J. Mallie

Registration No. 36,591

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL FOR FY 2005**

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TOTAL AMOUNT OF PAYMENT (\$) 1,430.00

Complete if Known:

Application No. 10/078,056Filing Date February 15, 2002First Named Inventor Ivan P. MollovExaminer Name Phillip A. JohnstonArt Unit 2881Attorney Docket No. 05513.P002

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify) Deposit AccountDeposit Account Number : 02-2666

Deposit Account Name: _____

 The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

 Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application. Charge fee(s) indicated below except for the filing fee Credit any overpayments. Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fees Paid (\$)
1011	300	2011	150	Utility application filing fee	{ 1,000/500
1111	500	2111	250	Utility search fee	
1311	200	2311	100	Utility examination fee	
1012	200	2012	100	Design application filing fee	{ 430/215
1112	100	2112	50	Design search fee	
1312	130	2312	65	Design examination fee	
1013	200	2013	100	Plant filing fee	{ 660/330
1113	300	2113	150	Plant search fee	
1313	160	2313	80	Plant examination fee	
1004	300	2004	150	Reissue filing fee	{ 1,400/700
1114	500	2114	250	Reissue search fee	
1314	600	2314	300	Reissue examination fee	
1005	200	2005	100	Provisional application filing fee	
SUBTOTAL (1) \$					

2. EXCESS CLAIM FEES

				<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fees Paid (\$)</u>
Total Claims		- 20 or HP =		X		=
HP = highest number of total claims paid for, if greater than 20						
Independent Claims		- 3 or HP =		X		=
HP = highest number of independent claims paid for, if greater than 3						
Multiple Dependent Claims						=
Large Entity		Small Entity				
Fee	Fee	Fee	Fee			
Code	(\$)	Code	(\$)	<u>Fee Description</u>		
1202	50	2202	25	Each claim over 20		
1201	200	2201	100	Each independent claim over 3		
1203	360	2203	180	Multiple dependent claims, if not paid		
1204	200	2204	100	Reissue: each claim over 20 and more than in the original patent		
1205	50	2205	25	Reissue: each independent claim more than in the original patent		
SUBTOTAL (2) \$						_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each add'l 50 or fraction thereof</u>	<u>Fee from below</u>	<u>Fees paid (\$)</u>
_____	- 100 = _____ / 50 = _____ (round up to whole number)	X	_____	_____

Large Entity	Small Entity	Fee Description: Application size fee for each additional group of 50 sheets beyond initial 100 sheets (count spec & drawings except sequences & program listings):
Fee	Fee	Fee Description: Application size fee for each additional group of 50 sheets beyond initial 100 sheets (count spec & drawings except sequences & program listings):
Code	(\$)	
1081	250	Utility
1082	250	Design
1083	250	Plant
1084	250	Reissue

SUBTOTAL (3) \$ _____

FEE CALCULATION (continued)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)
<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>		
Fee	Fee	Fee	Fee	
Code	(\$)	Code	(\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for ex parte reexamination
1813	8,800	1813	8,800	Request for inter parties reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	500	2452	250	Petition to revive – unavoidable
1453	1,500	2453	750	Petition to revive - unintentional
1501	1,400	2501	700	Utility issue fee (or reissue)
1502	800	2502	400	Design issue fee
1503	1100	2503	550	Plant issue fee
1462	400	1462	400	Petitions to the Commissioner (CFR 1.17(f) Group I)
1463	200	1463	200	Petitions to the Commissioner (CFR 1.17(g) Group II)
1464	130	1464	130	Petitions to the Commissioner (CFR 1.17(h) Group III)
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	790	2809	395	For filing a submission after final rejection (see 37 CFR 1.129(a))
1814	130	2814	65	Statutory Disclaimer
1810	790	2810	395	For each additional invention to be examined (see 37 CFR 1.129(b))
1801	790	2801	395	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.
1505	300	1505	300	Publication fee for republication
1803	130	1803	130	Request for voluntary publication or republication
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)
1454	1,270	1454	1,270	Assignment of unpatented claims delayed claim for priority

Other fee (specify): Fee for 10 additional copies of issued Patent

30.00

Other fee (specify)

SUBTOTAL (4) \$1430.00

***Reduced by Basic Filing Fee Paid**

SUBMITTED BY:

Typed or Printed Name: Michael J. Mallie

Signature:

Date: 4/24/05

Req. Number: 36,591

Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450